

HEART

Editorial

Heart: the change of title

This century has been marked by a rate of change that is arguably higher than at any time in history. Publishing is no exception and for a specialist journal to survive it must adapt to changes in the needs of readers, subscribers, and authors in the increasingly international world of cardiology. Such adaptations, however, must be based on projections of the future. It is often said that he who hesitates is lost: however, as Thurber pointed out, sometimes he who hesitates is saved. So not only must the future be predicted but the right time for change must be selected.

The British Cardiac Society with its partner the BMJ Publishing Group have attempted to predict the future. A likely scenario is that there will be fewer journals and a clearer division into those that are national and those that are supranational (international). National journals will often not be published in English and will concentrate on politics, news, education, and audit for local readers. International journals will be in English and in addition to postgraduate education and review of practice in the specialty they will publish primary research work in the specialty area and the content will be aimed at a wide international audience. The British Cardiac Society has always seen the *British Heart Journal* as having a broad international role, which has always been fostered by previous editors. The perception that the *British Heart Journal* is international may not be universal, however. Much of the work published in the *British Heart Journal* in the last decade has come from authors within the United Kingdom. Efforts to correct this imbalance over the past two years have seen a gratifying rise in submissions from outside the United Kingdom. In 1994, 56% of submissions came from outside the United Kingdom. Since 1992, submissions from mainland Europe have risen by 72%. This being so, the time seemed right to the BMJ Publishing Group, British Cardiac Society Council, and a substantial majority of Society members, who expressed

their view in a referendum, for the *British Heart Journal* to revert to the title of *Heart*.

In many ways this is a reversion rather than a change of title. The history of how the *British Heart Journal* evolved from its ancestor *Heart* in the 1930s is a fascinating study of the interplay of personalities and interests within British cardiology of the time and is reviewed by the archivist of the British Cardiac Society on page 3. At the moment it is sufficient to say that *Heart* was the forerunner of the *British Heart Journal* and that from January 1996 we will revert to the title *Heart*.

This change aims to underline our commitment to be an international, English language, European based journal of cardiology. Clinical cardiology will remain the central theme: nonetheless, we all recognise that advances in basic science are entering the clinical domain very rapidly. Therefore, many papers will deal with subjects such as genetics and molecular biology in their human and clinical context.

The change of name will also be accompanied by a major expansion in the number of members of the International Advisory Board from outside the United Kingdom—particularly mainland Europe. We hope that this will help us to attract more submissions from outside the United Kingdom. Much, however, will stay the same—we are not launching a totally new Journal. The cover will not substantially alter and will emphasise that *Heart* is the official journal of the British Cardiac Society. The British Cardiac Society will continue to circulate its own official Newsletter to members. This will contain all the news of purely national interest that formerly appeared in the Journal. The volume numbering of *Heart* will continue from that of the *British Heart Journal*—thus volume 75 will be the first to carry the title *Heart*.

M J DAVIES
Editor, *Heart*

Heart: what we wish to publish

We and our authors find it helpful to categorise submitted papers. So that space in the journal is used effectively we have laid down guidelines on length for each of our categories. Succinct writing not only increases the chances of an article being read and understood but also makes space available for other work to be reported.

We endeavour to adhere to the convention that all authors should have had an intellectual input to a paper and be responsible for its content. We ask you to bear this in mind. For example the intellectual content of a case report seldom merits more than three authors.

The chances of an article being read and cited, an outcome that serves the interests of both the author and the journal, are enhanced by the use of structured

abstracts. These ensure that data can be retrieved easily and comprehensively by computerised literature searches. Remember that only the first 250 words of a structured abstract will be captured on the electronic databases. A comprehensive guide to the writing of structured abstracts has been published in the *Journal of the American Medical Association*,¹ we are reprinting this on pages 106-8. In addition, because computerised reference databases are now so widely available we no longer see that it is the role of a journal to provide exhaustive reference lists—40 key references should usually suffice for an original paper or review. The main categories of papers that will be published in *Heart* are shown overleaf.